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## COVER LETTER

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Cuarwater Communications, Inc.	
2. The principal office address: 2080   BISCAYNE BIVA. Sk 403	
aeventura, FL 33180	
3. The mailing address (if different): SWMU	
4. Date of incorporation/qualification: 12-2-2011 Document number: 45-3959299	<u> </u>
4. Date of incorporation/qualification: 12-2-201 Document number: 45-3959299  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Styten Kordula	
6030 Hollywood Blvd Stc 220	
	<b></b> 1
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	<u> </u>
20801 BISCHYNE BLVD SK 403	•••
aventura, Fr 33180	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director  Steven Kordulla - Ple sident.  Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
<u> </u>	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*